# STATE OF NEW HAMPSHIRE FULL TIME ACTIVE NEPBA LOCAL 40, 45, 260, 265 and 270 EMPLOYEES **POS & HMO PLANS**

### BI-WEEKLY RATES WITH \$30/\$42/\$52 EE CONTRIBUTION **EFFECTIVE 03/21/2014**

## НМО

#### HMO EE CONTRIBUTION **HMO ER CONTRIBUTION W RATE** 26 PP ANNUAL 26 PP ANNUAL TOTAL \$254.78 \$6,624.28 HL-1 \$30.00 \$780.00 \$7,404.28 HL-2 \$42.00 \$527.53 \$13,715.78 \$14,807.78 \$1,092.00 \$859.25 \$22,340.50 HL-3 \$52.00 \$1,352.00 \$23,692.50

## **POS**

POS	EE CONTRI	BUTION	POS ER CON	W RATE		
	26 PP	ANNUAL	<u> 26 PP</u>	ANNUAL	<u>TOTAL</u>	
HL-1	\$30.00	\$780.00	\$310.25	\$8,066.50	\$8,846.50	
HL-2	\$42.00	\$1,092.00	\$638.50	\$16,601.00	\$17,693.00	
HL-3	\$52.00	\$1,352.00	\$1,036.81	\$26,957.06	\$28,309.06	

MONTHLY WORKING RATES											
		POS		<u>HMO</u>							
HL-1: 1 PERSON	\$	737.21	\$	617.02							
HL-2: 2 PERSON	\$	1,474.41	\$	1,233.98							
HL-3: FAMILY	\$	2,359.08	\$	1,974.37							

### POINT OF SERVICE - POS

### **HEALTH MAINTENANCE ORGANIZATION - HMO**

_	COMPANY-STATE SHARE (3006) EM					IPLOYEE SHARE (3004)			CC	COMPANY - STATE SHARE (3003)				 EMPLOYEE SHARE (3001)				
WEEKLY HRS RANGE	TYPE	<u>PLAN</u>	AMT PER 26	<u>6</u>		<u>TYPE</u>	<u>PLAN</u>	AMT PER 26 PP		TYPE	<u>PLAN</u>	AM	T PER 26 PP	<u>TYPE</u>		<u>PLAN</u>	AMT PER 26 PP	
FULL TIME	HL	1	\$ 310.25			HL	1	\$30.00		HL	1	\$	254.78	HLTHP		H1040	\$30.00	
FULL TIME	HL	2	\$ 638.50			HL	2	\$42.00		HL	2	\$	527.53	HLTHP		H2040	\$42.00	
FULL TIME	HL	3	\$ 1,036.81			HL	3	\$52.00		HL	3	\$	859.25	HLTHP		HF040	\$52.00	